



MEDICAL LABORATORY SCIENTIST

MLT or MLS Program Completion (Routes 2, 3, and 4)

Not to be used for Route 1 applications

Only submit if program completion is being used in lieu of 1 year of experience.

PART I (TO BE COMPLETED BY APPLICANT)

| | |
|-----------------------|---|
| Applicant's Name | ASCP Customer ID # |
| Address | Email Address |
| City, State, Zip Code | Last Four Digits of Applicant's Social Security # |

PART II (MUST BE COMPLETED AND SIGNED BY THE PROGRAM DIRECTOR IN ORDER TO BE ACCEPTABLE)

Successful completion of a NAACLS accredited MLS program, NAACLS or ABHES accredited MLT program, or a foreign medical laboratory science clinical training program within the last five years can be used in lieu of one year of full time acceptable clinical experience.

1. PLEASE COMPLETE:

| | | |
|--|--|--|
| Institution Name | City | State |
| Type of Program (check the appropriate box below): | | |
| <input type="checkbox"/> | NAACLS Accredited MLS Program | Six Digit School Code <input type="text"/> |
| <input type="checkbox"/> | NAACLS Accredited MLT Program | Six Digit School Code <input type="text"/> |
| <input type="checkbox"/> | ABHES Accredited MLT Program | Six Digit School Code <input type="text"/> |
| <input type="checkbox"/> | Foreign medical laboratory science clinical training program | |
| BEGINNING DATE OF PROGRAM: | Month <input type="text"/> | Day <input type="text"/> Year <input type="text"/> |
| COMPLETION DATE OF PROGRAM: | Month <input type="text"/> | Day <input type="text"/> Year <input type="text"/> |

2. BY SIGNING THIS FORM, I AS THE PROGRAM DIRECTOR, VERIFY THAT THIS APPLICANT HAS SUCCESSFULLY COMPLETED THE PROGRAM AS INDICATED ABOVE.

| | |
|--|---------------|
| (Please Print) Program Director Name & Credential(s) | Title |
| Program Director Signature | Date |
| Telephone Number | Email Address |
| City, State | Zip Code |

BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR PROGRAM DIRECTOR WITH THIS TRAINING DOCUMENTATION FORM. THE LETTER OF AUTHENTICITY MUST BE PRINTED ON ORIGINAL LETTERHEAD. IT MUST STATE THAT THE TRAINING DOCUMENTATION FORM WAS COMPLETED, SIGNED, AND DATED BY YOUR PROGRAM DIRECTOR.

See www.ascp.org/boc/us-documentation for submission instructions.